Environmental Ligature Risk Policy

Implementation date: 30.11.2017

Control schedule

Approved by: NHSL Lothian Health and Safety Committee
Approval date: 28 November 2017
Senior Responsible Officer: Director of Nursing
Author: Lead Health and Safety Adviser
Scheduled for review: November 2020

Version control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>October 2014</td>
<td>Lead Health and Safety Adviser</td>
<td>Policy created and approved.</td>
</tr>
<tr>
<td>2.0</td>
<td>February 2017</td>
<td>Lead Health and Safety Adviser</td>
<td>Interim technical update published</td>
</tr>
<tr>
<td>2.1</td>
<td>August 2017</td>
<td>Lead Health and Safety Adviser</td>
<td>Policy reviewed and updated; separate procedure and policy documents created.</td>
</tr>
<tr>
<td>3.0</td>
<td>28 November 2017</td>
<td>Lead Health and Safety Adviser</td>
<td>Final/Approved</td>
</tr>
</tbody>
</table>
Policy title: Environmental Ligature Policy

Executive Summary

The aim of this policy and the associated NHS Lothian Environmental Ligature Point Procedural document is to ensure there are measures in place to minimise risks from the use of ligatures on environmental ligature points where there are patients/service users at high risk of using ligatures to cause their own death (e.g. people with acute mental illness; high risk of suicide; impulsive or chaotic behaviour; people who are intoxicated through alcohol or other substances)

This policy does not cover other clinical risk factors and interventions in suicide or death prevention. These are included within clinical assessments and policies associated with patient safety and clinical risk management.

Due to human ingenuity and/or a lack of a technical solution, it is not possible for all potential environmental ligature points to be removed or minimised and for the room or area to continue to fit the function it is intended for. Equally, there may be some known potential ligature points that need to remain, as removing them will create a greater risk to the vulnerable patient/service user i.e. grab rails in elderly units / disability accessible rooms or create an environment which is counter therapeutic. A judgement therefore has to be made about the likelihood of something being used as a ligature point balanced against the other presenting risks and predispositions of the patients / service users in that environment. Therefore if the risk of self harm through the use of ligatures and ligature points is reasonably foreseeable then it has be managed and controlled.

These competing needs of vulnerable patients/service users should be addressed through a combination of environmental and individual patient/service users risk assessments and management plans.

Actions such as ligature point removal, covering or replacement will reduce the risk to as low as reasonably practicable (i.e. the control is designed to manage the risk, and the system is operating as intended) however despite these actions it is recognised that patients/service users may still be able to find methods of committing suicide or causing their own death.

This policy and its supporting procedure are applicable, in the main but not exclusively to, mental health and substance misuse, clinical and or service areas where the potential use of ligatures and ligature points by vulnerable patients is highest.

There are no specific requirements over the management of ligature risks in medical hospital facilities outside of the mental health services, although services will deal with people who are distressed and vulnerable to impulsive acts, people who are intoxicated through alcohol or other substances and patients with mental health difficulties (such as Emergency Departments, Toxicology) should be aware of the risks and have management plans in place to meet them.
Those services located within the Health and Social Care Partnerships that care for high risk patients/service users must assess the ligature and ligature point risk adopting the requirements of this policy.

The policy aims to ensure that the appropriate level of operational management of risks from ligatures and ligature point(s) is maintained for the safety of high risk vulnerable patients/service users. Specialist technical advice must be sought and action taken for the removal of any environmental ligature points. Specialist technical advice must also be sought for the specification and installation of any anti-ligature fixtures and fittings within the patient/service user environment where appropriate.

1.0 Why do we have this Policy?

1.1 This policy exists to help reduce and or prevent the likelihood of high risk vulnerable patients/service users from using environmental ligature points to commit suicide or cause their own injury or death through hanging or asphyxiation.

2.0 Policy statement

2.1 The policy of NHS Lothian where high risk vulnerable patients/service users are cared for is to remove, and or reduce exposure to environmental ligature points through designing out, replacing or removing those known ligature points wherever it is possible to do so in order to prevent asphyxiation, hanging and suicide. Those clinical/service areas with vulnerable high risk patients/service users will also have in place clinical procedures and protocols to support the overall aim of preventing death and suicide by the use of ligatures and environmental ligature points.

3.0 Scope

3.1 The policy includes any clinical/service area within NHS Lothian where there are identified vulnerable high risk patients/service users who are at risk of self harming from ligatures in association with ligature points due to for example: their acute mental illness, suicidal thoughts, impulsive or chaotic behaviour or due to being intoxicated from substance and alcohol misuse.

3.2 Considering the above, vulnerable high risk in patients/service users are cared for predominantly within the mental health and substance misuse services.

3.3 Within the medical hospital/acute services the number of vulnerable high risk patients/service users is small in comparison.

Within the above medical services where vulnerable high risk patients/service users are cared for then they should be in wards/bays that have anti ligature fixtures and fittings wherever possible. Where this is not the possible the more obvious ligature points that do not affect the vulnerable patient/service user’s clinical care should be removed. Clinical procedural measures must be in place to
assist in reducing the risks. The use of medical equipment to care for medically unwell vulnerable patients/services users will always take precedence over the environmental ligature point risk.

3.4 If there are no vulnerable “high risk” patients/service users being cared for within the clinical/service areas then no further action should be taken in terms of this policy and procedure requirements.

4.0 Definitions

4.1 1 High-risk patients (e.g. patients who are known to have symptoms of acute mental illness; patients who have suicidal thoughts; patients with impulsive, challenging or chaotic behaviour; comorbid substance misuse and alcohol or patients who are intoxicated).

4.2 2Self Harm - “Self-harm is when somebody intentionally damages or injures their body. It’s usually a way of coping with or expressing overwhelming emotional distress.

4.3 Ligature - Anything that binds or ties. For the purpose of this document, it is anything that could be used for asphyxiation, self-strangulation or hanging. Examples include pull cords or chains, plastic bags, linen, tubing, cables or wires, metal notebook wire page binding, clothing (including belts, ties, tights, laces etc.)

4.4 Environmental Ligature point - Anything that could be used to attach a ligature for the purpose of asphyxiation, strangulation or hanging in ward/department

4.5 Clinical Risk - Risks that may impact on the safety or well-being of patients/service users as a result of their clinical condition and are managed through clinical care or service delivery. The clinical assessment will take account of a range of risk factors, including the mental state of the patient/service user, any current risks of harm, their risk history, and their social supports and coping skills, prescribed medication and the environment in which they interact.

4.6 Environment - The ward/department surroundings and conditions in which a person interacts, including all physical fixtures and fittings.

4.7 Competence - Competent persons are those with the necessary knowledge, skills and experience to conduct a particular activity. In the context of this policy, persons who are allocated responsibilities by their managers for taking part in inspections and assessments should have a knowledge of the environmental hazards and risks and an understanding of specific risks associated with the client group being cared for in that environment.

4.8 HSE – Health and Safety Executive – The HSE may investigate/review patient suicides at the direction of the Procurator Fiscal Office where ligature and ligature points are used. Where the HSE Identify management system failures there maybe
financial resource costs across NHS Lothian to improve or remove those system failures.

1CQC definition. 2 NICE Guidelines.

5.0 Implementation and Roles & Responsibilities

5.1 The overall framework of accountability and responsibility for managers and staff on the implementation of this policy follows that laid out within the Health and Safety Policy.

An overview of the Executive Nurse Director, Clinical Services and Hard Facilities/Capital Planning/Project Services roles and responsibilities are provided below. Other more detailed responsibilities and roles for the implementation of this policy are included within the associated NHS Lothian Environmental Ligature Point Procedure.

5.2 Executive Nurse Director

Ultimate ownership and therefore accountability for making Anti-Ligature point risk decisions, particularly where that decision relates to a project rather than ongoing ward assessment, rests with Executive Nurse Director. The Director will take a corporate lead for making anti ligature point risk design decisions on behalf of the corporate management team but will, where required seek support from other Directors in any final decisions.

5.3 Clinical Service Management Teams

It is the responsibility of the clinical service management teams to ensure that where the Policy is applicable (i.e. where vulnerable high risk patients have been identified and are cared for) that there are actions are in place to ensure its implementation along with the requirements of the NHS Lothian Environmental Ligature Point Procedure. Implementation actions include undertaking room ligature point inspection and risk assessment along with the individual patient/service user risk assessment. Care plans or similar systems should be used to clearly identify what actions are required to ensure that vulnerable high risk patients remain safe and protected.

5.4 Hard Facilities Management /Capital Planning/Projects Services

The above Services are responsible for supporting the ligature point risk assessment process by designing out, or removing the ligature point’s or proactively designing in anti ligature fixtures and fittings when directed to do so by clinical service management teams. The Services will also act on any remedial actions highlighted required to reduce the ligature point risk, and be directed on those actions by the clinical service management teams. The Services will also be
directed by the Clinical Services throughout the design stage of any new build project and also where any major refurbishment takes place.

5.5 NHS Lothian Health and Safety Committee

Health and Safety Executive formal letters and notifications and their implications (design and cost) will be discussed at each NHS Lothian Health and Safety Committee meeting and cascaded to its supporting groups. Any lessons learned will also be cascaded to the Clinical Service Management and Project Teams as required.

6.0 Associated Procedures and Guidelines

6.1 The NHS Lothian Environmental Ligature Point Procedure.

6.2 HFS Health Technical Building Note 03-01

7.0 Evidence Base

- Care Quality Commission (2009) Essential standards of quality and safety
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Registrations. London: The Office for National Statistics

8.0 Review

8.1 This policy will be subject to review and update every 3 years. The review and update will be undertaken by key stakeholders in the policy including Clinical Services, Estates, the various Project Teams, Partnership Representatives and the Health and Safety Advisory Team. This policy may also be subject to review if new guidance or legal opinion is issued or NHS Lothian has a serious case that through a system failure(s) merits the policy to be reviewed.